		FOR OHF USE					

LL1

2000
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2000)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0042192

Facility Name: Alden-Orland Park Rehab & HCC

Address: 16450 South 97th Ave. (Number) Orland Park (City) 60462 (Zip Code)

County: Cook

Telephone Number: (708) 403-6500 **Fax #** (708) 873-9774

IDPA ID Number: 36-3901683

Date of Initial License for Current Owners: 01/08/98

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		X	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll **Telephone Number:** (773) 286-6622

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/00 to 12/31/00 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) (Date)
(Type or Print Name) Steven M. Kroll
(Title) Chief Financial Officer

Paid Preparer
(Signed) (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Alden-Orland Park Rehab & HCC # 0042192 Report Period Beginning: 1/1/00 Ending: 12/31/00

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	200	Skilled (SNF)	200	73,200	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	200	TOTALS	200	73,200	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	299	8,156	10,445	18,900	8
9	SNF/PED					9
10	ICF	1,001	25,829	323	27,153	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	1,300	33,985	10,768	46,053	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 62.91%

D. How many bed-hold days during this year were paid by Public Aid?
None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 01/19/98

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 06/01/98 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 28 and days of care provided 10,526

Medicare Intermediary Administar Federal Inc.

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/00 Fiscal Year: 12/31/00

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden-Orland Park Rehab & HCC # 0042192 Report Period Beginning: 1/1/00 Ending: 12/31/00

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	502,761	109,430		612,191	215	612,406		612,406			1
2	Food Purchase		438,692		438,692	(22,420)	416,272	4,952	421,224			2
3	Housekeeping	32,046	25,576	175,500	233,122	880	234,002	48,501	282,503			3
4	Laundry	72,748	29,763		102,511	313	102,824		102,824			4
5	Heat and Other Utilities			192,852	192,852		192,852		192,852			5
6	Maintenance	32,309		213,321	245,630	2,909	248,539	6,572	255,111			6
7	Other (specify):*											7
8	**TOTAL General Services**	639,864	603,461	581,673	1,824,998	(18,103)	1,806,895	60,025	1,866,920			8
	B. Health Care and Programs											
9	Medical Director			18,800	18,800		18,800		18,800			9
10	Nursing and Medical Records	2,232,872	81,676	5,283	2,319,831	11,759	2,331,590	(742)	2,330,848			10
10a	Therapy	63,894			63,894	340	64,234		64,234			10a
11	Activities	102,095	3,780	618	106,493		106,493		106,493			11
12	Social Services	34,359		644	35,003		35,003		35,003			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*			894	894		894		894			15
16	**TOTAL Health Care and Programs**	2,433,220	85,456	26,239	2,544,915	12,099	2,557,014	(742)	2,556,272			16
	C. General Administration											
17	Administrative	64,769			64,769		64,769		64,769			17
18	Directors Fees											18
19	Professional Services			820,298	820,298	(20,000)	800,298	(739,572)	60,726			19
20	Dues, Fees, Subscriptions & Promotions			100,311	100,311		100,311	(65,671)	34,640			20
21	Clerical & General Office Expenses	471,126	33,609	66,048	570,783	367	571,150	87,088	658,238			21
22	Employee Benefits & Payroll Taxes			428,957	428,957	8,546	437,503	46,140	483,643			22
23	Inservice Training & Education											23
24	Travel and Seminar			4,237	4,237		4,237	12,210	16,447			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			51,658	51,658		51,658	130	51,788			26
27	Other (specify):*			6,000	6,000		6,000	(6,000)				27
28	**TOTAL General Administration**	535,895	33,609	1,477,509	2,047,013	(11,087)	2,035,926	(665,675)	1,370,251			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,608,979	722,526	2,085,421	6,416,926	(17,091)	6,399,835	(606,392)	5,793,443			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Alden-Orland Park Rehab & HCC #0042192 Report Period Beginning: 1/1/00 Ending: 12/31/00

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			26,585	26,585		26,585	403,437	430,022			30
31	Amortization of Pre-Op. & Org.							6,296	6,296			31
32	Interest			258,884	258,884		258,884	773,339	1,032,223			32
33	Real Estate Taxes			354,606	354,606	20,000	374,606	5,292	379,898			33
34	Rent-Facility & Grounds			1,415,628	1,415,628		1,415,628	(1,415,628)				34
35	Rent-Equipment & Vehicles			7,576	7,576		7,576	16,738	24,314			35
36	Other (specify):* Mortgage Insur.							61,491	61,491			36
37	**TOTAL Ownership**			2,063,279	2,063,279	20,000	2,083,279	(149,035)	1,934,244			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		499,111	1,341,815	1,840,926		1,840,926	(755,624)	1,085,302			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			109,800	109,800		109,800		109,800			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		499,111	1,451,615	1,950,726		1,950,726	(755,624)	1,195,102			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,608,979	1,221,637	5,600,315	10,430,931	2,909	10,433,840	(1,511,051)	8,922,789			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Alden-Orland Park Rehab & HCC # 0042192 Report Period Beginning: 1/1/00 Ending: 12/31/00

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	2,145	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	250	2		13
14	Non-Care Related Interest	(65,254)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(178)	32		18
19	Entertainment				19
20	Contributions	(2,600)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(6,000)	27		24
25	Fund Raising, Advertising and Promotional	(31,898)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(31,185)	20		28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (134,720)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(860,601)	sum of p6'	34
35	Other- Attach Schedule	(515,730)	pg. 5A	35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (1,376,331)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (1,511,051)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

STATE OF ILLINOIS **Page 5A**

Alden-Orland Park Rehab & HCC

ID# 0042192

Report Period Beginning: 1/1/00

Ending: 12/31/00

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	non-cost: hmo nursing supply (gl 5026)	$ (13,190)	39	1
2	non-cost: hmo drugs supply (gl 5042)	(55,138)	39	2
3	non-cost: hmo therapy (gl 5040)	(320,723)	39	3
4	non-cost:part b therapy c/a's in 5212/5213/5214	(7,387)	39	4
5	non-cost: hmo isolation c/a (gl 5093)	(7,427)	39	5
6	COMMUNITY RELATIONS(GL 5726)	(462)	20	6
7	increase housekeeping cost to equal Tripoint charge	48,501	3	7
8	reclass painting>$1500 for 2000 from ln 6 to pg 22	(4,336)	6	8
9	record deprec exp for 1999 painting reclassed	2,686	6	9
10	record deprec exp for 2000 painting reclassed	723	6	10
11	back out shareholders interest	(158,976)	32	11
12				12
13				13
14				14
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89				89
90	**Total**	(515,730)		90

STATE OF ILLINOIS — Summary A

Facility Name & ID Number Alden-Orland Park Rehab & HCC # 0042192 Report Period Beginning: 1/1/00 Ending: 12/31/00

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	250	0	0	4,702	0	0	0	0	0	0	0	4,952	2
3	Housekeeping	48,501	0	0	0	0	0	0	0	0	0	0	48,501	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	(927)	0	7,499	0	0	0	0	0	0	0	0	6,572	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	47,824	0	7,499	4,702	0	0	0	0	0	0	0	60,025	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	(742)	0	0	0	0	0	0	(742)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	(742)	0	0	0	0	0	0	(742)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	6,775	(746,305)	0	0	0	0	(42)	0	0	0	(739,572)	19
20	Fees, Subscriptions & Promotions	(66,145)	0	474	0	0	0	0	0	0	0	0	(65,671)	20
21	Clerical & General Office Expenses	0	3,533	31,575	24,201	27,779	0	0	0	0	0	0	87,088	21
22	Employee Benefits & Payroll Taxes	0	0	46,678	0	(538)	0	0	0	0	0	0	46,140	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	12,210	0	0	0	0	0	0	0	0	12,210	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	130	0	0	0	0	0	0	0	0	130	26
27	Other (specify):*	(6,000)	0	0	0	0	0	0	0	0	0	0	(6,000)	27
28	**TOTAL General Administration**	(72,145)	10,308	(655,238)	24,201	27,241	0	0	(42)	0	0	0	(665,675)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(24,321)	10,308	(647,739)	28,903	26,499	0	0	(42)	0	0	0	(606,392)	29

STATE OF ILLINOIS **Summary B**

Facility Name & ID Number **Alden-Orland Park Rehab & HCC** **#** **0042192** **Report Period Beginning:** **1/1/00** **Ending:** **12/31/00**

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	2,145	385,977	15,315	0	0	0	0	0	0	0	0	403,437	30
31	Amortization of Pre-Op. & Org.	0	381	0	0	0	0	5,915	0	0	0	0	6,296	31
32	Interest	(224,408)	983,677	4,280	0	0	0	9,790	0	0	0	0	773,339	32
33	Real Estate Taxes	0	0	5,292	0	0	0	0	0	0	0	0	5,292	33
34	Rent-Facility & Grounds	0	(1,415,628)	0	0	0	0	0	0	0	0	0	(1,415,628)	34
35	Rent-Equipment & Vehicles	0	0	16,738	0	0	0	0	0	0	0	0	16,738	35
36	Other (specify):*	0	61,491	0	0	0	0	0	0	0	0	0	61,491	36
37	**TOTAL Ownership**	(222,263)	15,898	41,625	0	0	0	15,705	0	0	0	0	(149,035)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	(403,866)	0	0	(40,293)	(99,065)	0	(212,400)	0	0	0	0	(755,624)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	(403,866)	0	0	(40,293)	(99,065)	0	(212,400)	0	0	0	0	(755,624)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(650,450)	26,206	(606,114)	(11,390)	(72,566)	0	(196,695)	(42)	0	0	0	(1,511,051)	45

Facility Name & ID Number Alden-Orland Park Rehab & HCC # 0042192 Report Period Beginning: 1/1/00 Ending: 12/31/00

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
ALDEN MANAGEMENT SERV., INC.	100%	SEE PG. 6K-TOO MANY TO FIT HERE				

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	RENTAL INCOME	$ 1,415,628		100.00%	$	$ (1,415,628)	1
2	V	32	INTEREST INCOME	35,282				(35,282)	2
3	V	31	AMORTIZATION					381	3
4	V	21	MISCELL. EXPENSE					3,533	4
5	V	30	DEPRECIATION					385,977	5
6	V	32	INTEREST EXPENSE					1,018,959	6
7	V	36	MORTGAGE INSURANCE					61,491	7
8	V	19	PROFESSIONAL FEES					6,775	8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 1,450,910			$	$ * 26,206	14

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Alden-Orland Park Rehab & HCC # 0042192 Report Period Beginning: 1/1/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
	Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		6	maintenance/utilities	$	Alden Management Services, Inc.	100.00%	$ 7,499	$ 7,499	15
16	V		19	professional fees	756,581	Alden Management Services, Inc.		10,276	(746,305)	16
17	V		20	licenses/fees		Alden Management Services, Inc.		474	474	17
18	V		21	gen'l & admin		Alden Management Services, Inc.		31,575	31,575	18
19	V		22	employee costs		Alden Management Services, Inc.		46,678	46,678	19
20	V		24	auto/seminar		Alden Management Services, Inc.		12,210	12,210	20
21	V		26	insurance		Alden Management Services, Inc.		130	130	21
22	V		30	depreciation		Alden Management Services, Inc.		15,315	15,315	22
23	V		32	interest		Alden Management Services, Inc.		4,280	4,280	23
24	V		33	real estate tax		Alden Management Services, Inc.		5,292	5,292	24
25	V		35	auto lease		Alden Management Services, Inc.		16,738	16,738	25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$ 756,581			$ 150,467	$ * (606,114)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden-Orland Park Rehab & HCC # 0042192 Report Period Beginning: 1/1/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	2	tube feeding	$ 6,606	Pyramid Healthcare Services	0.00%	$ 11,308	$ 4,702	15
16	V	39	nursing supplies	5,820	Pyramid Healthcare Services		3,900	(1,920)	16
17	V	39	supplies/ per diem fees	106,592	Pyramid Healthcare Services		68,219	(38,373)	17
18	V	21	general & administrative		Pyramid Healthcare Services		24,201	24,201	18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 119,018			$ 107,628	$ * (11,390)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden-Orland Park Rehab & HCC # 0042192 Report Period Beginning: 1/1/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	drugs	$ 277,485	Forum Extended Care II	0.00%	$ 208,872	$ (68,613)	15
16	V	10	house stock	2,999	Forum Extended Care II		2,257	(742)	16
17	V	39	iv	123,152	Forum Extended Care II		92,700	(30,452)	17
18	V	22	employee vaccinations	2,177	Forum Extended Care II		1,639	(538)	18
19	V	21	general & administrative		Forum Extended Care II		27,779	27,779	19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 405,813			$ 333,247	$ * (72,566)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden-Orland Park Rehab & HCC # 0042192 Report Period Beginning: 1/1/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	3	HOUSEKEEPING	$ 224,264	TRIPOINT SERVICES	0.00%	$ 224,264	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 224,264			$ 224,264	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden-Orland Park Rehab & HCC # 0042192 Report Period Beginning: 1/1/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
	Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		39	CPT REVENUES	$ 845,897	COMMUNITY PHYSICAL THERAPY	100.00%	$ 633,497	$ (212,400)	15
16	V		31	AMORTIZATION		COMMUNITY PHYSICAL THERAPY		5,915	5,915	16
17	V		32	INTEREST		COMMUNITY PHYSICAL THERAPY		9,790	9,790	17
18	V									18
19	V									19
20	V									20
21	V									21
22	V									22
23	V									23
24	V									24
25	V									25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$ 845,897			$ 649,202	$ * (196,695)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden-Orland Park Rehab & HCC # 0042192 Report Period Beginning: 1/1/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
	Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		19	construction management fees	$ 2,980	ALDEN BENNETT CONSTRUCTION	0.00%	$ 2,938	$ (42)	15
16	V		19	design fees	311	ALDEN DESIGN		311		16
17	V									17
18	V									18
19	V									19
20	V									20
21	V									21
22	V									22
23	V									23
24	V									24
25	V									25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$ 3,291			$ 3,249	$ * (42)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden-Orland Park Rehab & HCC # 0042192 Report Period Beginning: 1/1/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd Schlossberg	President -AMS	CEO	100.00%	185,151	1.912	4.78	Salary	$ 9,296	21-1	1
2	Lauren Magnusson	Clinical Coordinator	Nursing / Review	a	70,930	1.912	4.78	Salary	3,561	21-1	2
3	Terry Magnusson	Administrator/Other	Admin/Maint	b	72,154	1.912	4.78	Salary	1,466	21-1	3
4	Joan Carl	Vice President - AMS	Secretary	c	100,872	1.912	4.78	Salary	5,064	21-1	4
5											5
6											6
7	a. Lauren Magnusson is the daughter of Floyd Schlossberg and worked as a Clinical Coordinator for Alden Management Services for all of 2000.										7
8	b. Terry Magnusson is the son-in-law of Floyd Schlossberg and worked as the Administrator of Alden-Valley Ridge for 7 months thereafter he worked as in										8
9	Construction/Maintenance for Alden Management Services.										9
10	c. Joan Carl is the Sectretary of Alden Management Services and all of the Nursing Facilities. She is a partner in Valley Ridge, Princeton, Cicero, Northmoor Associates,										10
11	Orland Park, North Shore, Des Plaines, Alma Nelson, Park Strathmoor which are the entities which own the respective Alden Nursing facilities.										11
12											12
13								TOTAL	$ 19,388		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees)
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden-Orland Park Rehab & HCC # 0042192 Report Period Beginning: 1/1/00 Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Alden Management Services, Inc.
Street Address: 4200 W. Peterson
City / State / Zip Code: Chicago, Illinois 60646
Phone Number: (773) 286-3883
Fax Number: (773) 286-3743

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1		SEE PAGE 8A				$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number Alden-Orland Park Rehab & HCC # 0042192 Report Period Beginning: 1/1/00 Ending: 12/31/00

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	CAMBRIDGE REALTY		X	MORTGAGE	$82,085.20	1/1/98	$ 12,105,000	$ 11,952,115	6/30/37	0.0775	$ 927,952	1
2	CAMBRIDGE REALTY ----		X	OPERATIONS	$16,234.23	12/00	2,563,300	2,563,300	5/1/37	0.0760	25,815	2
3	OPERATING LOSS LOAN											3
4												4
5	I/C loans & shareholders loans		X	OPERATIONS	NONE		1,589,760	74,200		VARIES	158,976	5
	Working Capital											
6	RELATED PARTY - AMS	X		OPERATIONS	NONE					VARIES	4,280	6
7	RELATED PARTY - CPT	X		OPERATIONS	NONE					VARIES	9,790	7
8	Interest on affiliate loan	X		OPERATIONS	NONE					VARIES	209,218	8
9	TOTAL Facility Related				$98,319.43		$ 16,258,060	$ 14,589,615			$ 1,336,031	9
	B. Non-Facility Related*											
10	Interest revenue (OP Assoc)			OFF SET INTEREST EXPENSE							(35,282)	10
11	Interest revenue (Corp.)			OFF SET INTEREST EXPENSE							(65,254)	11
12	I/C loans & shareholders loans		X	OFF SET INTEREST EXPENSE							(158,976)	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (259,512)	14
15	TOTALS (line 9+line14)						$ 16,258,060	$ 14,589,615			$ 1,076,519	15

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Alden-Orland Park Rehab & HCC # 0042192 **Report Period Beginning:** 1/1/00 **Ending:** 12/31/00

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 1999 report.	$	140,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	241,106	2
3. Under or (over) accrual (line 2 minus line 1).	$	101,106	3
4. Real Estate Tax accrual used for 2000 report. (Detail and explain your calculation of this accrual on the lines below.)	$	253,500	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)	$	20,000	5
6. Subtract a refund of real estate taxes used previously to calculate a payment rate. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For 19 Tax Year.** (Attach a copy of the real estate tax appeal board's decision.)	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	374,606	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
1995	N/A	8
1996	N/A	9
1997	127,000	10
1998	132,526	11
1999	241,106	12

LINE 4: 2000 ACCRUAL BASED ON AN ESTIMATED INCREASE OF 5%. $241,106*1.05=253,500

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 1999	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

Facility Name & ID Number Alden-Orland Park Rehab & HCC # 0042192 Report Period Beginning: 1/1/00 Ending: 12/31/00

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 92,048 B. General Construction Type: Exterior BRICK Frame STEEL Number of Stories 3

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [ ] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	NURSING HOME	350,871	1997	$ 584,920	1
2					2
3	TOTALS	350,871		$ 584,920	3

Facility Name & ID Number Alden-Orland Park Rehab & HCC # 0042192 Report Period Beginning: 1/1/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	200		1998	1997	$ 12,679,210	$ 314,835	40	$ 316,980	$ 2,145	$ 949,459	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	RUN CABLE TO BUILDING/INSTALL 6 OUTLETS			1998	2,975	298	10	298		818	9
10	RELOCATION OF OUTLETS & POWER CIRCUIT			1998	1,648	165	10	165		481	10
11	INSTALL 6 WALL JACKS			1998	2,158	432	5	432		1,295	11
12	INSTALL CABLE			1998	4,446	445	10	445		1,334	12
13	REPLACE SPRINKLER HEADS			1998	6,236	624	10	624		1,611	13
14	INSTALL WALL PLATES			1998	4,608	922	5	922		2,381	14
15	Climate Service(boiler maintenance)			1999	14,529	726	20	726		1,453	15
16	Directional Boring(sprinkler system)			1999	5,400	360	15	360		660	16
17	Chicago Cooling(a/c unit repair)			1999	2,070	138	15	138		218	17
18	Church Landscape(floating swan island)			1999	3,400	680	5	680		963	18
19	Church Landscape(floating swan island)			1999	2,000	400	5	400		567	19
20	Watermangement(compressor)			1999	2,625	175	15	175		7,467	20
21	New Horizons Communications (light telephone sys)			2000	9,767	977	10	977		977	21
22	New Horizons Communications (light telephone sys)			2000	7,765	777	10	777		777	22
23	System Electric (wiring)			2000	1,384	69	20	69		69	23
24	Climate Services (pipe)			2000	1,674	84	20	84		84	24
25	Climate Services (pipe)			2000	1,689	84	20	84		84	25
26	Climate Services (pipe)			2000	1,684	84	20	84		84	26
27	Climate Services (pipe)			2000	2,376	119	20	119		119	27
28	GT Mechanical (heating/compressor repair)			2000	5,079	508	10	508		508	28
29	New Horizons Communications (light telephone sys)			2000	7,765	777	10	777		777	29
30	Alden Bennett Cons (time and billning material)			2000	2,073	69	10	69		69	30
31	Alden Bennett Cons (time and billning material)			2000	2,798	23	10	23		23	31
32	New Horizons Comm. (phone insall)			2000	4,437	444	10	444		444	32
33	Fox Valley Fire & Safety (sprinkler system)			2000	2,290	25	15	25		25	33
34	Alden Bennett Construction (time and material)			2000	2,915	24	10	24		24	34
35	continue…										35
36	TOTAL (lines 4 thru 35)				$ 12,784,999	$ 324,262		$ 326,407	$ 2,145	$ 972,770	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden-Orland Park Rehab & HCC # 0042192 Report Period Beginning: 1/1/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	Related			1978	$ 12,184	$ 554	22	$ 554	$	$ 11,565	4
5	Party			1978	5,953	271	32	271		4,767	5
6	(Forum)										6
7											7
8											8
	Improvement Type**										
9	Related Party - AMS:										9
10	Leasehold Improvement - Remodeling			1993	5,378	223	various	223		115,184	10
11	Leasehold Improvement - Remodeling			1994	2,663	407	various	407		55,299	11
12											12
13	Related Party - Forum:										13
14	Leasehold Improvement - Remodeling			1980	19,102	955	20	955		19,102	14
15	Leasehold Improvement - Remodeling			1980	113		10			113	15
16	Leasehold Improvement - Remodeling			1986	32		6			32	16
17	Leasehold Improvement - Remodeling			1990	51		5			51	17
18	Leasehold Improvement - Remodeling			1991	12		5			12	18
19	Leasehold Improvement - Remodeling			1993	4,085	408	10	408		4,085	19
20	Leasehold Improvement - Remodeling			1993	3,199	330	9.7	330		3,058	20
21	Leasehold Improvement - SIGN			1994	258	21	10	21		145	21
22	Leasehold Improvement - DRYVIT			1994	437	44	12	44		244	22
23	Leasehold Improvement - NEW AC			1995	714	48	10	48		71	23
24	Leasehold Improvement - Roof			1997	961	51	10	51		760	24
25	Leasehold Improvement - Roof			1998	853	57	10	57		369	25
26	Leasehold Improvements-Roof			1985	809	54	19	54		175	26
27	Leasehold Improvements-Roof			1999	1,373	92	15	92		198	27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$ 58,177	$ 3,514		$ 3,514	$	$ 215,231	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden-Orland Park Rehab & HCC # 0042192 Report Period Beginning: 1/1/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
37	Purchased in Prior Years	$ 1,191,522	$ 89,625	$ 89,625	$	vary	$ 262,151	37
38	Current Year Purchases	48,822	3,642	3,642		vary	3,642	38
39	Fully Depreciated Assets	20,651	1,214	1,214		vary	20,651	39
40								40
41	TOTALS	$ 1,260,995	$ 94,480	$ 94,480	$		$ 286,444	41

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
42	transport employees	ford eldorado, 2000	2000	$ 46,895	$ 3,126	$ 3,126	$	5	$ 3,126	42
43	related party-various	busses, van, engine	1998-2000	26,682	2,494	2,494		3	3,030	43
44										44
45										45
46	TOTALS			$ 73,577	$ 5,620	$ 5,620	$		$ 6,156	46

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
47	Total Historical Cost	(line 3,col.4 + line 36,col.4 + line 41,col.1 + line 46,col.4)	$ 14,762,668	47
48	Current Book Depreciation	(line 36,col.5 + line 41,col.2 + line 46,col.5)	$ 427,877	48
49	Straight Line Depreciation	(line 36,col.7 + line 41,col.3 + line 46,col.6)	$ 430,022	49 **
50	Adjustments	(line 36,col.8 + line 41,col.4 + line 46,col.7)	$ 2,145	50
51	Accumulated Depreciation	(line 36,col.9 + line 41,col.6 + line 46,col.9)	$ 1,480,602	51

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
52		$	$	$	52
53					53
54					54
55					55
56					56
57	TOTALS	$	$	$	57

G. Construction-in-Progress

	Description	Cost	
58		$	58
59			59
60			60
61		$	61

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Alden-Orland Park Rehab & HCC # 0042192 Report Period Beginning: 1/1/00 Ending: 12/31/00

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: RELATED PARTY (ORLAND ASSOCIATES)

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. [X] YES [ ] NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: [ ] YES [ ] NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2001	$
13.	/2002	$
14.	/2003	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? [ ] YES [ ] NO

16. Rental Amount for movable equipment: $ 7,851 Description: COPY MACHINE LEASE
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	RELATED PARTY	VARIOUS	$ #######	$ 16,738	17
18					18
19					19
20					20
21	TOTAL		$ #######	$ 16,738	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Alden-Orland Park Rehab & HCC # 0042192 Report Period Beginning: 1/1/00 Ending: 12/31/00

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

   SKILLED NURSING IS ALREADY ON SITE

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39-3	hrs	$		$ 415,297	$		$ 415,297	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			31,352			31,352	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			409,108			409,108	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	SEE PG 16A…	# of prescrpts				163,600		163,600	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):	SEE PG 16A…					65,945		65,945	13
14	TOTAL			$		$ 855,756	$ 229,545		$ 1,085,302	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Alden-Orland Park Rehab & HCC **#** 0042192 **Report Period Beginning:** 1/1/00 **Ending:** 12/31/00

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/00 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 186,703	$ 199,520	1
2	Cash-Patient Deposits	3,893	3,893	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 98,336)	1,393,702	4,436,501	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	150,041	191,129	6
7	Other Prepaid Expenses	5,226	5,226	7
8	Accounts Receivable (owners or related parties)	(30,411)	(130,498)	8
9	Other(specify):	700	700	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,709,854	$ 4,706,471	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		584,920	13
14	Buildings, at Historical Cost		12,593,418	14
15	Leasehold Improvements, at Historical Cost	124,954	124,954	15
16	Equipment, at Historical Cost	170,672	1,237,802	16
17	Accumulated Depreciation (book methods)	(57,185)	(1,216,148)	17
18	Deferred Charges	53,827	53,827	18
19	Organization & Pre-Operating Costs	50,000	50,000	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(381)	20
21	Restricted Funds			21
22	Other Long-Term Assets (spe Financing Fees OLL		91,480	22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 342,267	$ 13,519,871	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 2,052,121	$ 18,226,342	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,751,657	$ 1,751,657	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	(2,761)	(2,761)	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	229,788	229,788	30
31	Accrued Taxes Payable (excluding real estate taxes)	78,003	78,003	31
32	Accrued Real Estate Taxes(Sch.IX-B)	253,500	253,500	32
33	Accrued Interest Payable		180,165	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Third Party	3,316,930	3,316,930	36
37	Other Current Liability	129,843	129,843	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 5,756,959	$ 5,937,124	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		2,563,300	39
40	Mortgage Payable		11,952,115	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to affiliates		42,677	43
44	3000 Opening Bal Equity		1,462,171	44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 16,020,262	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 5,756,959	$ 21,957,387	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (3,704,838)	$ (3,731,045)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 2,052,121	$ 18,226,342	48

***(See instructions.)**

Facility Name & ID Number Alden-Orland Park Rehab & HCC # 0042192 Report Period Beginning: 1/1/00 Ending: 12/31/00

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (3,389,685)	1
2	Restatements (describe):		2
3	**External auditors' adjustments made after 1999 cost report**		3
4	**was filed. These adjustments had no effect on allowable costs:**		4
5	**only bad debt expense and medicare revenue were adjusted**	(93,999)	5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (3,483,684)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(221,154)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (221,154)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ (3,704,838)	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Alden-Orland Park Rehab & HCC # 0042192 Report Period Beginning: 1/1/00 Ending: 12/31/00

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 9,207,574	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 9,207,574	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	67,240	6
7	Oxygen	4,017	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 71,257	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	2,381	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio	2,955	15
16	Rental of Facility Space		16
17	Sale of Drugs	(9,046)	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	456,652	21
22	Laundry	4,860	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 457,802	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	65,254	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 65,254	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Adjustments do to prior year expenses. Since prior yr rep	58,122	28
28a	weren't used we did not adjust p. 5 or 5A.		28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 58,122	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 9,860,010	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,824,998	31
32	Health Care	2,544,915	32
33	General Administration	1,652,950	33
	B. Capital Expense		
34	Ownership	2,107,575	34
	C. Ancillary Expense		
35	Special Cost Centers	1,840,926	35
36	Provider Participation Fee	109,800	36
	D. Other Expenses (specify):		
37	Note: will not balance to page 3&4 due to related party amounts		37
38	being entered to these pages		38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 10,081,164	40
41	**Income before Income Taxes (line 30 minus line 40)****	(221,154)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (221,154)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return?** not yet done **If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

**** **Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Alden-Orland Park Rehab & HCC # 0042192 Report Period Beginning: 1/1/00 Ending: 12/31/00

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,984	2,188	$ 68,555	$ 31.33	1
2	Assistant Director of Nursing	48	48	1,292	26.92	2
3	Registered Nurses	27,689	32,303	652,788	20.21	3
4	Licensed Practical Nurses	20,102	28,545	470,436	16.48	4
5	Nurse Aides & Orderlies	73,106	80,788	844,569	10.45	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,704	1,864	40,636	21.80	8
9	Activity Director	1,952	2,080	51,441	24.73	9
10	Activity Assistants	5,287	5,557	50,654	9.12	10
11	Social Service Workers	8,427	8,960	106,900	11.93	11
12	Dietician					12
13	Food Service Supervisor	3,482	3,641	60,176	16.53	13
14	Head Cook	4,877	4,955	90,404	18.25	14
15	Cook Helpers/Assistants	39,879	41,505	352,181	8.49	15
16	Dishwashers					16
17	Maintenance Workers	1,576	1,668	32,309	19.37	17
18	Housekeepers	1,699	1,778	32,046	18.02	18
19	Laundry	2,855	3,394	72,748	21.43	19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative	4,560	4,832	94,055	19.47	22
23	Office Manager	3,542	3,900	44,868	11.50	23
24	Clerical					24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,904	2,496	50,003	20.03	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,250	2,105	24,888	11.82	31
32	Other Health C: Sub Acute Care	760	817	47,801	58.51	32
33	Other(specify) Clinical Supervisor	1,515	1,537	23,258	15.13	33
34	TOTAL (lines 1 - 33)	208,198	234,961	$ 3,212,008 *	$ 13.67	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	16	824	11-3	44
45	Social Service Consultant	4	206	12-3	45
46	Other(specify) PHYSCHO-SOCIAL	4	206	12-3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	24	$ 1,236		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number Alden-Orland Park Rehab & HCC # 0042192 Report Period Beginning: 1/1/00 Ending: 12/31/00

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
TANYA ANDONIADIS	ADMINISTRATOR		$ 64,769
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 64,769

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
		$
ALDEN MANAGEMENT SVS.	MNGT. FEES	756,581
BLACKMAN KALLICK	ACCT FEES	12,342
KENETH J. FISCH	LEGAL FEES	11,699
GREENBERG & HERMAN	LEGAL FEES	1,269
MISC. LEGAL FEES	LEGAL FEES	1,868
ACHIEVE ACCREDITATIONS	JHCACO Consultant	3,324
AMERICAN UNITED	401 K FEES	700
US GAS & Misc. other prof. Fees	Utility Consult. & Prof. Fees.	9,225
SCHAIN BURNEY	Real Estate Tax appeal-reclassed	20,000
ALDEN DESIGN	DESIGN FEES	311
ALDEN BENNETT CONSTRUC	CONSTRUCTION FEES	2,980
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 820,298

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 36,682
Unemployment Compensation Insurance	21,716
FICA Taxes	238,330
Employee Health Insurance	45,157
Employee Meals	22,420
Illinois Municipal Retirement Fund (IMRF)*	
RELATED PARTY	46,140
UNION HEALTH & WELFARE	48,227
DENTAL / LIFE INSURANCE	842
EMPLOYEE RELATIONS / 401K MATCH	3,797
EMP VACC. / PENSION	20,194
TUITION REIMBURSEMENT	139
TOTAL (agree to Schedule V, line 22, col.8)	$ 483,643

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	17,937
Health Care Worker Background Check	
(Indicate # of checks performed)	
RELATED PARTY	474
IHCA	9,390
MISC. SUBSCRIPTIONS	110
VILLAGE OF ORLAND	4,965
MISC. INSPECTIONS	1,764
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 34,640

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
AUTO & TRAVEL	389
Seminar Expense	
EMPLOYEE SEMINARS	3,848
RELATED PARTY	12,210
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 16,447

**See instructions.

Facility Name & ID Number Alden-Orland Park Rehab & HCC # 0042192 Report Period Beginning: 1/1/00 Ending: 12/31/00

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1997	FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
1	Boiler repair	11/98	$ 1,672	3	$	$ 93	$ 557	$ 557	$ 465	$ 0	$	$	$
2	Boiler maintenance/aj	2/99	2,073	3			633	691	691	58	0		
3	Heating repairs	12/99	1,797	3			50	599	599	549	0		
4	painting>$1,500 - 1999	7/99	8,058	3			1,343	2,686	2,686	1,343	0		
5	A W S DUSTRUBUTING	2/00	3,093	3				1,031	1,031	1,031	0		
6	CLIMATE SERVICES (I	2/00	1,636	3				545	545	546	0		
7	GT MECHANICAL (sum	6/00	1,863	3				621	621	621	0		
8	CAPPS PLUMBING (four	3/00	2,781	3				773	927	927	154		
9	CAPPS PLUMBING (clea	3/00	1,460	3				406	487	487	80		
10	D.B.S CONTRACTING (r	7/00	2,790	3				930	930	930	0		
11	painting>$1,500 -yr 2000	7/00	4,336	3				723	1,445	1,445	723	0	
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$ 31,558		$	$ 93	$ 2,584	$ 9,561	$ 10,427	$ 7,937	$ 957	$	$

Facility Name & ID Number Alden-Orland Park Rehab & HCC # 0042192 Report Period Beginning: 1/1/00 Ending: 12/31/00

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **YES**

(2) Are there any dues to nursing home associations included on the cost report? **YES**
If YES, give association name and amount. **Illinois Health Care Assoc. $19,648**

(3) Did the nursing home make political contributions or payments to a political action organization? **YES** If YES, have these costs been properly adjusted out of the cost report? **YES**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **NO** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **YES**
What was the average life used for new equipment added during this period? **8 YEARS**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **6,863** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **YES** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **NO**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **109,800**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **NO** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **YES**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **NO** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **22,420** Has any meal income been offset against related costs? **NO** Indicate the amount. $ **N/A**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **NO**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **NO** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **N/A**
d. Have vehicle usage logs been maintained? **N/A**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **N/A**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? **NO**
Firm Name: The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? If no, please explain.

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **YES**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **YES**
Attach invoices and a summary of services for all architect and appraisal fees.